



2135
JH

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

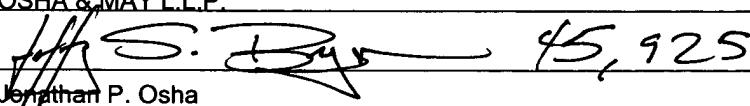
Total Number of Pages in This Submission

Application Number	09/400,442-Conf. #3447
Filing Date	September 21, 1999
First Named Inventor	Jean-Claude Sarfati
Art Unit	2135
Examiner Name	L. A. Ha
Attorney Docket Number	11345/107001

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	OSHA & MAY LLP.		
Signature			
Printed name	Jonathan P. Osha		
Date	November 4, 2004	Reg. No.	33,986

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 4, 2004

Signature:  (Yuki Tsukuda)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Name of Assignee: CANAL+ SOCIETE ANONYME
Address of Assignee: 85/89 Quai Andre Citroen
Paris Cedex 15, F-75711 FRANCE
Applicant: Jean-Claude Sarfati, *et al.*
Application Serial No.: 09/400,442
Title: METHOD OF DOWNLOADING OF DATA TO AN MPEG RECEIVER/DECODER
AND MPEG TRANSMISSION SYSTEM FOR IMPLEMENTING THE SAME

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

**REVOCATION AND SUBSTITUTION
OF POWER OF ATTORNEY UNDER 37 C.F.R. §1.36**

Dear Sir:

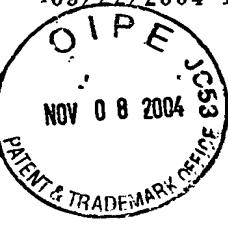
Pursuant to 37 C.F.R. §1.36, Canal+ Societe Anonyme, the assignee of the referenced application, revokes all previous powers of attorney in the above application, and hereby appoints the following attorneys and/or agents assigned to the Customer Number listed below to prosecute the referenced application, and to transact all business in the U.S. Patent and Trademark Office connected therewith:

Customer Number 22511

Please direct all correspondence and telephone calls concerning the application to:

Jonathan P. Osha
OSHA & MAY L.L.P.
1221 McKinney Street, Suite 2800
Houston, Texas 77010
Telephone No.: (713) 228-8600
Facsimile No.: (713) 228-8778

Further, please change the attorney/docket number corresponding to this application from the attorney/docket number on file to 11345/107001.



The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the above-identified assignee.

The undersigned hereby declares that all statements made herein of the undersigned's own knowledge are true, that all statements made on information and belief are believed to be true, and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the patent application or any patents issuing thereon.

Signature:

A handwritten signature consisting of stylized initials "M K" followed by "KOHNS".

Name:

Title:

MARTIN KOHNS
MANAGER, PATENTS

Dated:

Sept 24, 2004

76133_1